DEPARTMENT OF NAVAJO VETERANS AFFAIRS

(AGENCY)				
COPY OF DD214				
COPY OF DISCHARGE PAPER *if applicable				
NGB FORM 22 (National Guard) *if applicable				
DEATH CERTIFICATE *if applicable				
MARRIAGE CERTIFICATE				
DIVORCE DOCUMENTS *if applicable				
COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)				
VETERAN ** Family Card Not Valid				
SPOUSE				
DEPENDENTS UNDER 18 YEARS OF AGE				
COPY OF DRIVERS LICENSE				
VETERAN SPOUSE				
COPY OF SOCIAL SECURITY CARD				
VETERAN SPOUSE				
OPY OF <u>CHAPTER</u> VOTER'S REGISTRATION (Veteran)				
COPY OF CHAPTER VOTER'S REGISTRATION (Spouse)				
COPY OF COUNTY VOTER'S REGISTRATION (Veteran)				
COPY OF COUNTY VOTER'S REGISTRATION (Spouse)				
COPY OF INCOME INFORMATION: VETERAN: EMPLOYED: YES: NO: OTHERS: SSI, SSB, RETIREMENT, VA				
SPOUSE: EMPLOYED: YES: NO: OTHERS: SSI, SSB, RETIREMENT, VA				



Fort Defiance Agency Office VETERANS PERSONAL DATA



Name of Veteran: (Last, Firs	t Middle)			Date:	
Mailing Address of Veteran		Dates of Serv	ce / War Period		
Social Security #:		Service Serial #:	Spouse Name	Spouse Name:	
Hame/Work Phone#:		Date of Birth:	Spouse SSN		
Census#: Place of Birth:			Spouse Censu	Spouse Census#:	
Branch of Service / Rank:		Disability Rating:	Benefit Currer	tly Active:	
Next of Kin Name/Address:	•			Relationship:	
		** FOR OFFICIAL USE (2011 V **		
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